

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60	1					
11							61		1				
12							62		1				
13							63		1				
14							64		1				
15							65		1				
16							66		1				
17							67		1				
18							68		1				
19							69	There are 69 - 346 Cancel.					
20							347	1					
21							348		1				
22							349		1				
23							350		1				
24							351		1				
25							352		1				
26							353		1				
27							354		1				
28							78		1				
29							79		1				
30							80		1				
31							81	1					
32							82		1				
33							83		1				
34							84		1				
35							85	362 - 374 Cancel.					
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	4	↓		↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.	20	↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS	24					